

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-010949

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

FILED MAR 18 1963

Primary Registration District No. 3016

Registrar's No. 107

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0269

2 0260

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4 1

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9 4200

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12 2-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON CITY, MO.		c. CITY OR TOWN ST MARTINS, MO.	
c. FULL NAME OF (If NOT in hospital, give location) ST MARYS HOSPITAL		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First JULIANA Middle MELLER Last MELLER		4. DATE OF DEATH MARCH 10, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/16/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state of country) Montrose, Mo.	
13a. FATHER'S NAME Martin Heimann		14. NAME OF HUSBAND OR WIFE William Meller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) no		17. INFORMANT William Meller St. Martins, Mo.	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial Failure DUE TO (b) arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebrovascular disease due to arteriosclerosis PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH sub yes	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:45 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Martins, Mo.	
21. I attended the deceased from 2/20/63 to 3/10/63 and last saw her alive on 3/10/63 Death occurred at 8:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 3/12/63	
22a. SIGNATURE Francis D. Miller, M.D.		22b. ADDRESS Jefferson City, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/13/63	23c. NAME OF CEMETERY OR CREMATORY St. Martins, Mo.	
24. FUNERAL DIRECTOR Sylvester Quille		25. DATE RECD. BY LOCAL REG. 15 March 1963	
26. REGISTRAR'S SIGNATURE R. P. Davis, M.D. - Richter, Dep		27. REGISTRAR'S ADDRESS J. C. No. 15 March 1963	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.